

**Agreement
Between the North Carolina**

**Department of Health and Human Services
And
Department of Juvenile Justice and Delinquency Prevention
And
Administrative Office of the Courts
And
Department of Public Instruction**

**Regarding Comprehensive Treatment Services Program for Children At Risk for
Institutionalization or Other Out of Home Placement**

This Agreement is made and entered into as of the date set forth below, by and between the North Carolina's Department of Health and Human Services, Department of Juvenile Justice and Delinquency Prevention, Administrative Office of the Courts, and the Department of Public Instruction.

Whereas, the Department of Health and Human Services is mandated by law, Session Law 2001-424, Section 21.60 as re-written in SB 163 Section 1(a) and Section 1(b) to establish the Comprehensive Treatment Services Program (CTSP) for children at risk for institutionalization or other out-of-home placement, in consultation with the Department of Juvenile Justice and Delinquency Prevention, the Department of Public Instruction, and other affected State agencies, and

Whereas, the Purpose of the Program is to provide appropriate and medically necessary residential and nonresidential treatment alternatives for children at risk of institutionalization or other out-of-home placement, and

Whereas, Program Funds may also be used to expand a system-of-care approach for services to children and families statewide.

Therefore, the signatories of this agreement recognize the State Collaborative, utilizing a system-of-care approach, as the planning and advisory body for the use of Comprehensive Treatment Services Program funds. They also commit to accepting joint accountability and responsibility, to ensure the effectiveness of the Comprehensive Treatment Services Program.

Guiding Principles & Plan

Signatories of this agreement agree to the following guiding principles expressed in SL 2001-424, Section 21.60 and SB 163, Section 1(a) and 1(b),:

- Deliver services that are outcome-oriented and evidence-based.
- Deliver services as close as possible to the child's home.
- Select services that are most efficient in terms of cost and effectiveness.
- Involve families and consumers in decision making throughout treatment planning and delivery.

- Provide services that are not solely for the convenience of the provider or the client.

Furthermore, signatories of this agreement, through their participation in the State Collaborative, agree to collaborate in the planning and recommending of policies to the various departments, divisions, and affected state agencies, to accomplish the following functions:

A. Coordination & Collaboration among State Agencies regarding CTSP:

- Identify participants in the State Collaborative who can effectively represent the priorities and concerns of their respective sections/departments/agencies.
- Identify resources that are regionally accessible and meet the needs of special populations.
- Develop guidelines regarding community Collaboratives, and child and family teams.
- Develop procedures, to the extent permitted by law, for sharing information about specific children among agencies.
- Involve families in planning and decision making at the state and regional level.
- Encourage community-based services and supports that cross existing agency boundaries and funding streams.
- Develop mechanisms to maximize Federal, state and local funding options.
- Develop and recommend policies governing cost-sharing, braiding funds, and flexible funds.
- Develop and recommend policies to eliminate cost shifting.
- Develop a common database, to the extent permitted by law, to assist in the report to the legislature.
- Collaborate in the implementation of rules, policies, and guidelines developed as a result of Section 4 of SB 163, that affect CTSP children.
- A report on the above items will be included in the report to the legislature regarding recommendations relevant to successful implementation/improvement of CTSP.
- Share cross agency/family/community training and technical assistance to promote best practices and outcomes-based accountability.

B. Evaluation & Outcomes

- DHHS, in conjunction with DJJDP, DPI, and other affected agencies, will report on the following information as identified in Section 21.60(g) as re-written in SB 163 Section 1(a):
 1. The number and other demographic information of children served.
 2. The amount and source of funds expended to implement the [CTSP] Program.
 3. Information regarding the number of children screened, specific placement of children including the placement of children in programs or facilities outside of the child's home county, and treatment needs of children served.
 4. The average length of stay in residential treatment, transition, and return to home.
 5. The number of children diverted from institutions or other out-of-home placements such as training schools and State psychiatric hospitals and a description of the services provided.
 6. Recommendations on other areas of the [CTSP] Program that need to be improved.
 7. Other information relevant to successful implementation of the [CTSP] Program.

8. A method of identifying and tracking children placed outside of the family unit in group homes or therapeutic foster care home settings.
- DHHS, in conjunction with DJJDP, DPI, and other affected agencies, shall submit a report 4/1/03, on #8 above, as per SB 163 Section 1(b) to the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division.
- Assess parent/family involvement in child and family teams.

C. Develop Public Support for CTSP

- Work with parents and families to educate the public on the needs of children.
- Jointly appear before legislative committees regarding CTSP.

Department of Public Instruction

The Department of Public Instruction agrees to:

1. Participate in State Collaborative.
2. Encourage personnel in Local Education Agencies (LEAs) to participate in local community collaborative.
3. Encourage participation in child and family teams.
4. Collaborate with other departments in training efforts to address system of care as the methodology for accomplishing CTSP mandates.
5. Encourage LEA superintendent(s) and director(s) of charter schools to sign, and to participate in the implementation of, the local MOA for the Comprehensive Treatment Services Program.
6. Provide information and/or training to administrators, support services staff, alternative learning program staff, and exceptional children staff in the school and school system roles in implementation of CTSP for students who are at risk of institutionalization or other out of home placement with emotional difficulties.
7. Work jointly with DHHS to provide structure, information, and guidance to local schools and school systems to assist them in working with local mental health agencies to provide services that are billable to Medicaid, CTSP, Health Choice, etc.
8. Collect DPI relevant data to provide information to DHHS for the report to the legislature on the program information outcomes listed in Section 21.60(g) as re-written in SB 163 Section 1(a) and Section 1(b).

Administrative Office of the Courts

The Administrative Office of the Courts recognizes that the following programs and staff have direct contact with children and their families and/or directly impact children and their families:

- District Court Judges
- Youth and Family Drug Treatment Court
- Guardian ad Litem program
- Child Custody Mediation Program
- Family Court Pilot Programs
- Juvenile Court Improvement Project

The Administrative Office of the Courts agrees to:

1. Work with the State Collaborative to develop policies and procedures that address the needs of youth and families involved in the court system in North Carolina.
2. Encourage judges to hear evidence from the child and family team when considering the need to order certain residential and program placements and to engage in other appropriate consultation, that does not involve ex-parte communication, with a party to a pending proceeding.
3. Encourage a representative of the Guardian ad Litem program to be a member of each child and family team when there is a pending abuse or neglect case involving that child.
4. Require a representative of the Youth and/or Family Drug Treatment Court program to be a member of each Child and family team when the child is involved in one of these programs.
5. Recommend a staff member from the Family Court to be a member of each Child and family team in judicial districts 5, 6A, 8, 12, 14, 20, 25, and 26.
6. Support the concepts and principles of system of care through encouraging and assisting in the training of Judges and other child/family related AOC/judicial staff.
7. Collaborate with other departments in training efforts to address system of care as the methodology for accomplishing CTSP mandates.
8. Collect AOC relevant data, and to the extent permitted by law, provide information to DHHS for the report to the legislature on the program information outcomes listed in Section 21.60(g) as re-written in SB 163 Section 1(a) and Section 1(b).

Department of Health and Human Services

The Department of Health and Human Services, in the service of children & youth and their families who are at risk of institutionalization or other out of home placement, agrees to:

1. Participate in the State Collaborative.
2. Require local and regional counterparts of DHHS to implement SOC approach in accomplishing CTSP mandates.
3. Require collaboration for the financing and administration of CTSP by all sections/divisions working with children and families.
4. Develop an inventory of resources and services for children and families in order to eliminate cost shifting and facilitate cost sharing.
5. Encourage local and regional counterparts of DHHS to participate in the local and regional community collaboratives.
6. Collaborate internally with sections and divisions in training activities to promote system of care as the approach for accomplishing CTSP mandates.
7. Collaborate with other departments in training efforts to address system of care for accomplishing CTSP mandates.
8. Collaborate with DJJDP and other affected state agencies to develop standards for treatment of SAY population.
9. Require local counterparts of the divisions of DHHS to sign and implement the provisions of the local MOA as a pre-condition for receiving CTSP funds.
10. Work with other departments to develop common language, definitions, assessment measures, outcome tools, and data collection methodology.
11. Support the Division of Medical Assistance (DMA) in the following efforts:
 - Research options for financing programmatic efforts with Medicaid funds.
 - Estimate immediate and long term appropriations requirements associated with Medicaid financing.
 - Develop State Medicaid Plan amendments and financing policies after approval of the Secretary and in accordance with federal guidelines.

12. Collect data in order to report to the legislature on the program information outcomes listed in Section 21.60(g) as re-written in SB 163 Section 1(a) and Section 1(b).

The Department of Juvenile Justice and Delinquency Prevention agrees to:

1. Participate in the State Collaborative
2. Participate in local and regional community collaboratives.
3. Participate in and provide collaborative training.
4. Collaborate with other agencies in developing protocols for the sharing of specific child and family information.
5. Develop a more uniform screening process in determining juveniles that are appropriate for referral to the Comprehensive Treatment Services Program.
6. Collaborate with other departments in training efforts to address system of care as the methodology for accomplishing CTSP mandates.
7. Collaborate with DHHS and other affected state agencies to develop standards for treatment of SAY population.
8. Collect DJJDP relevant data to provide information to DHHS for the report to the legislature on the program information outcomes listed in Section 21.60(g) as re-written in SB 163 Section 1(a) and Section 1(b).

Glossary

Best Practices: Treatment approaches and services that are considered to be among the best available from a national perspective.

Braided Funds: Braided funding is the pooling and coordination of resources of all stakeholders involved with a child and family, while maintaining the integrity of each agencies funding stream.

Categorical Funding: Funds that can only be used for certain services and/or populations.

Child and family teams (CFTs): Child and family teams plan and coordinate services and supports to children and their families using CTSP and braided funds. Team members are front line agency staff, the family, youth, and other stakeholders directly involved in the treatment, habilitation, and/or support of the child and family. Any participating agency including DSS, DPI, DJJDP, or DMH/DD/SAS may initiate and lead a child and family team. The child and family team works in full partnership with the family to make service decisions and to coordinate delivery of those services.

Collaboration: Collaboration is often preceded, as a system, by coordination and cooperation. Collaboration is characterized by:

- Families as full partners in service delivery, who drive services and supports.
- Community involvement
- Interdependence and shared responsibility among stakeholders

Collaboratives

- **Local:** The local community collaborative is composed of various community agencies, service providers, organizations, families, and advocates who are concerned and committed to children with mental health, substance abuse, and developmental disabilities needs and their families. These members work as a team to support and oversee meeting the outcomes identified by children and families and determined by consumer satisfaction, their communities' child and family teams and the development of their local system of care.
- **Regional:** The regional collaborative is composed of those regional staff from various state agencies and families who serve the functions of planning, conflict resolution of local issues, technical assistance to local Collaboratives, and policy guidance recommendations to the state Collaborative.
- **State:** The state collaborative is composed of representatives from state level agencies, families, child and family advocates and other systems to oversee the implementation of Session Law 2001-424, Section 21.60 to establish the Comprehensive Treatment Services Program (CTSP) for children at risk for institutionalization or other out-of-home placement, and to develop policy guidance to implement the system of care approach across the state. This group serves to resolve conflicts that may arise and cannot be resolved at a regional Collaborative.

Consumers: This is a term that has evolved from patient to client to consumer and refers to the children and/or family who are receiving their identified services and supports.

Cost Shifting: When one system decides, without consulting youth, family, or child and family teams, that a youth would be better served in another system other than the one in which the youth is currently served. One system arbitrarily determines that a youth can be better served in another system.

Evidence Based: Evidence Based Treatment (EBT) services are research-validated therapies.

Flexible Funds: Funds identified outside of categorical funding that may be used for non-traditional purchases that allow a youth at risk of out of home placement to remain at home.

Health Choice: The state health care insurance system for families that are ineligible for Medicaid, but do not have the resources to provide private medical insurance coverage. Many of the services funded are the same as those offered through Medicaid.

Medical Necessity (from DMA Child Level of Care Document): “Treatment must be medically necessary: there must be a DSM-IV-TR Axis I current diagnosis reflecting the need for treatment and the service must be necessary to meet specific preventive, diagnostic, therapeutic, rehabilitative, palliative, or case management needs of the child.

Special/Target Populations: These are the youth identified in Session Law 2001-424, Section 21.60, and are those populations that have traditionally been under-served and/or not served appropriately. These include youth with Deaf/Hard of Hearing, Sexual Aggression, Serious Emotional Disturbance, and/or Substance Abuse Treatment needs.

System of Care: Is a model of care that is considered to be a best practice model. An approach to systems serving children and families that adheres to System of Care Values and System of Care Principles.

System of Care Principles

- Array of appropriate services addressing the whole child/family
- Individualized, integrated service plan, developed from a person centered planning process
- Services are seamless, clinically appropriate, delivered in least restrictive, most normative environment
- Family are full participants in planning and delivery of service
- Integration and collaboration between all systems involved in Child/Family’s life—Case Management to ensure early identification with positive outcome anticipation
- Smooth transition to adult service systems
- Rights protected and effective advocacy
- Receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

System of Care Values: Child-Centered, Family-Focused, Community-Based, Culturally Competent

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State Fiscal Year 2002-2003**

SIGNATURES OF PARTIES TO THIS AGREEMENT:

Carmen Hooker Odom, Secretary
Department of Health & Human Services

Date

George L. Sweat, Secretary
Department of Juvenile Justice & Delinquency Prevention

Date

John Kennedy, Acting Director
Administrative Office of the Courts

Date

Dr. Michael E. Ward, Superintendent
Department of Public Instruction

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